



The CHIP Extension Act of 2014

Senator Rockefeller has long been a staunch advocate for children's health due to his long-held belief that few things are more important in life than a healthy start. He was instrumental in the bipartisan creation of the Children's Health Insurance Program (CHIP) in 1997 as well as efforts since then to extend and strengthen the program.

With funding for the program set to end on September 30, 2015, Rockefeller introduced the ***CHIP Extension Act of 2014*** on June 11, 2014. The legislation seeks to extend funding for CHIP through September 30, 2019, consistent with current requirements that states maintain their CHIP efforts through that date. The bill also offers several refinements to the current CHIP program designed to better serve the CHIP population.

The *CHIP Extension Act of 2014* – Improving Access and Enrollment to Children's Health Care:

Under the ***CHIP Extension Act of 2014***, CHIP would:

- Cover of former foster kids to age 26, even if they change their state of residence;
- Enroll newborns automatically, as is already done in Medicaid;
- Improve access to preventive services, most notably immunizations and screenings not currently covered by the program;
- Make Express Lane Eligibility permanent to maximize enrollment of eligible children and pregnant women;
- Facilitate smoother tracking and administration of cost-sharing requirements;
- Create better transitions between CHIP, Medicaid and qualified health plans;
- Build on pediatric quality measures that already exist in CHIP;
- Extend the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which is set to expire in 2015;
- Extend demonstration programs focusing on perinatal care coordination and childhood obesity; and

- Replace CHIP's current contingency fund with a shortfall fund that will more efficiently allocate funding to states experiencing shortfalls, making it easier for states in need to access these dollars without increasing government spending.

State Options under the *CHIP Extension Act of 2014*:

The *CHIP Extension Act of 2014* provides states with new options and increased flexibility, mostly in the form of updated performance incentives, to improve their CHIP programs. Based on individual state needs and interests, states could choose to:

- Extend more comprehensive coverage to pregnant women;
- Offer improved dental services and oral care; and
- Expand coverage by:
 - Raising eligibility to 300% of the Federal Poverty Level;
 - Aligning CHIP eligibility age with the Medicaid eligibility age in the state;
 - Increasing access to coverage for children with special health needs;
 - Doing away with CHIP premiums; and
 - Eliminating lock-out periods.

In addition, as already allowed through the CHIP Reauthorization Act, states would have the option to:

- Increase enrollment and retention of the populations already CHIP-eligible but not yet enrolled;
- Provide premium assistance so that families can utilize employer-sponsored private coverage; and
- Offer CHIP coverage to children of state employees.

Background on the Children's Health Insurance Program (CHIP):

CHIP operates through state-run health plans based upon federal guidelines, and is designed to reach children and pregnant women who do not qualify for Medicaid but for whom affordable private coverage is still out of reach. No two programs are alike, but they generally all enjoy broad bipartisan support in the states for providing high-quality, cost-effective care to children and pregnant women in working families.

Were the program to expire, nearly two million children would no longer have access to affordable health care, and over eight million children – including 37,000 in West Virginia – would lose the specific care, services and networks that CHIP provides.

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